

Sent by: DOT ACCOUNTS & FINANCE

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Page 2/3

ERS Form 10 (5/03)

APPLICATION FOR RETIREMENT

EMPLOYEES' RETIREMENT SYSTEM OF ALABAMA

135 South Union Street
Post Office Box 302150
Montgomery, Alabama 36130
(334) 832-4140 or 1-800-214-2158

MEMBER INFORMATION

Name Alverene Dixon Butler Soc. Sec. No. 418-82-8446
Home Address 2137 Beverly Drive Date of Birth 10-03-1956
Montgomery, AL 36111
City State Zip
Employer Alabama Department of Transportation Home Phone (334) 613-1841
Work Phone (334) 215-3332
Type of Retirement (Check One): ☐ Service ☒ Disability (Report of Disability form must also be submitted.)
Date of Retirement (This date is always the first of a month.) Jan 1, 2006
Month Year

Name of bank/financial institution to which retirement benefit is to be deposited The Guardian
(The properly completed Direct Deposit Authorization form must be submitted to the ERS to authorize remittance to the bank/financial institution.)

Beneficiary Designation

The beneficiary whom I should like to receive any benefit due at my death Alvin Curtis Butler
Relationship to me Son Date of Birth 1-12-1988
Soc. Sec. No. 421-29-7965

In the event the designated beneficiary listed above is different from that listed on my active account, I desire the change to be effective (Check One):

- ☒ Upon the duly executed completion of this application filed through the ERS with the Board of Control.
☐ On the date my retirement benefit becomes due and payable.

Complete only if employing agency allows conversion of sick leave days to retirement credit.

- ☐ I wish to have accrued unused sick leave days converted to retirement service credit.
☒ I wish to receive a lump sum payment for my unused sick leave in lieu of retirement service credit.

Member Authorization

Signature of Applicant Alverene D. Butler Date 11-02-05
STATE OF Alabama, COUNTY OF Montgomery
On this 2nd day of November, 2005, personally appeared before me, the above named individual and made oath that the statements made are true.

Notary Kay Shavhan
My Commission Expires 8/23/09

EMPLOYER CERTIFICATION

Last date of compensated employment December 30, 2005
Month Day Year

Note: No contributions should be made on lump sum leave pay.

List additional contributions, if any, with date of deductions (i.e. extra pay period, overtime, etc.)

Indicate and explain any periods in which deductions were not made (i.e. leave without pay, etc.) Two pay 9/1/05; 9/2/05; 10/2/05

Total accrued and unused sick leave days at date of retirement for which no lump sum payment will be made

Job Classification Engineering Asst. III

Signature of Representative of Employing Agency Chew Tolman

Please project and certify amount of deductions for the last 4 months for which contributions will be submitted:

Oct	97.44	Apr	
Nov	99.94	May	
Dec	124.92	Jun	
Jan		Jul	
Feb		Aug	
Mar		Sep	141.38

DEFENDANT'S
EXHIBIT

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